

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 2em;">8</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr Daniel A NICKNAME LAST SUFFIX Dan Sanchez	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="margin: 5px 0;">Date Received</p> <p style="text-align: center; margin: 5px 0;">CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION</p> <p style="margin: 5px 0;">Date Hand-delivered or Postmarked: 2:10 11/15/2015</p> <p style="margin: 5px 0;">Receipt # _____ Amount RECEIVED</p> <p style="margin: 5px 0;">Date Processed: <i>[Signature]</i></p> <p style="margin: 5px 0;">Date Imaged</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT/SUITE#; CITY; STATE; ZIP CODE 28233 So Bass Blvd Harlingen Tx 78552 <input type="checkbox"/> change of address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 491-3283		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs Rosalinda NICKNAME LAST SUFFIX Rosie Cobarrubias		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; CITY; STATE; ZIP CODE 27095 BAKER POTTS RD HARLINGEN TX 78552		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 428-0536 954 - 454-1726 cell		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 01 / 2015 06 / / 2015		
11 ELECTION	ELECTION DATE Month Day Year 03 / 02 / 2010	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Cameron County Commissioner P14	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Dan Sanchez

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 11,100.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 9,777.81

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 31,936.18

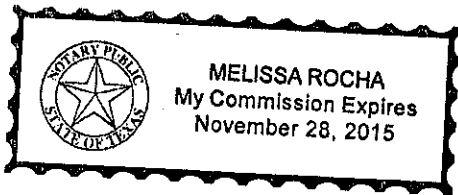
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Dan Sanchez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel Sanchez, this the 15 day of July, 20 15, to certify which, witness my hand and seal of office.

Melissa Rocha

Signature of officer administering oath

Melissa Rocha

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Dan Sanchez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/12/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) St. B. PAC Daniel O. Rios	7 Amount of contribution (\$) 2500. ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 266 245 Houston Tx 77207		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Sr Vice President		10 Employer (See Instructions)	
Date 6/17/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Republic Services, Inc	Amount of contribution (\$) 1,000. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 18500 No. Allied Way Phoenix AZ 85054		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PAC		Employer (See Instructions)	
Date 5/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Bowlin	Amount of contribution (\$) 1,000. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7802 Silent Forest Dr Sugar Land Tx 77479		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions)	
Date 5/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David & Susan Oliveira	Amount of contribution (\$) 500. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7408 N 4th St McAllen Tx 78504		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 5/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramon Montalvo III	Amount of contribution (\$) 600. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 208 S Texas Blvd Weslaco Tx 78596		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Dan Sanchez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/28/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

Anabell C. Cordona

6 Contributor address; City; State; Zip Code

1521 Misty Lane
Weslaco Tx 78596

7 Amount of contribution (\$)

2500.⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Business Owner

10 Employer (See Instructions)

Date

5/27/15

Full name of contributor

out-of-state PAC (ID#: _____)

Gumecindo Ybarra

Contributor address; City; State; Zip Code

2811 E Mile 9 1/2 N
Donna Tx 78537

Amount of contribution (\$)

2000.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owns Engineer Firm

Employer (See Instructions)

Date

5/28/15

Full name of contributor

out-of-state PAC (ID#: _____)

Jose L. Munoz

Contributor address; City; State; Zip Code

P.O. Box 46
Mercedes Tx 78570

Amount of contribution (\$)

250.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Date

5/28/15

Full name of contributor

out-of-state PAC (ID#: _____)

Juan F. Gonzales Jr

Contributor address; City; State; Zip Code

RR Box 446
Raymondville Tx 78580

Amount of contribution (\$)

250.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Business man

Employer (See Instructions)

Date

6/8/15

Full name of contributor

out-of-state PAC (ID#: _____)

Miriam T. Gray

Contributor address; City; State; Zip Code

2707 Cole Ave Apt 730
Dallas Tx 75204

Amount of contribution (\$)

500.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Company Business development

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 4	2 FILER NAME Dan Sanchez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 06/08/15	5 Payee name Rising Star Basketball Camp / HHS
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6 Amount (\$) 150. ⁰⁰	7 Payee address; City; State; Zip Code 1201 E Marshall Harlingen, Texas 78550
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Sponsor Ad
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 06-11-15	Payee name Calvary Christian School (Ethan Silva)
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Amount (\$) 250. ⁰⁰	Payee address; City; State; Zip Code 1815 N. 7th St Harlingen Texas 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) Event Sponsorship
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name Los Fresnos High School
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Amount (\$) 300. ⁰⁰	Payee address; City; State; Zip Code 907 N. Arroyo Blvd Los Fresnos, Tx. 78566
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Ad Football Program
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03-07-15	Payee name St. Paul Lutheran Academy
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Amount (\$) 1,000. ⁰⁰	Payee address; City; State; Zip Code 1920 E. Washington Ave. Harlingen Tx 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) Event Sponsorship
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel in District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 4	2 FILER NAME Dan Sanchez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name Friendship of Women
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6 Amount (\$) 500. ⁰⁰	7 Payee address; City; State; Zip Code 315 P.O. Box 3112 Brownsville, Tx 78523
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation	(b) Description (If travel outside of Texas, complete Schedule T) Event Sponsorship
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name Knights of Columbus
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Amount (\$) 160. ⁰⁰	Payee address; City; State; Zip Code 1701 E. Harrison Harlingen, Tx 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) Event Sponsorship
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name Harlingen HS Cheerleaders
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Amount (\$) 50. ⁰⁰	Payee address; City; State; Zip Code 1201 E Marshall Harlingen Tx 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) Event Sponsorship
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/28/15	Payee name Harlingen Country Club
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Amount (\$) 1160. ⁰⁷	Payee address; City; State; Zip Code 5500 El Camino Real, Palm Valley Harlingen Tx 78552
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Fundraiser Committee Mtg.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 4	2 FILER NAME Dan Sanchez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 04-09-15	5 Payee name St. Alban's Episcopal Day School
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6 Amount (\$) 1500. ⁰⁰	7 Payee address; City; State; Zip Code 1417 E Austin Ave. Harlingen Tx 78550
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation	(b) Description (If travel outside of Texas, complete Schedule T) Event Sponsorship
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-18-15	Payee name Cherijon's Music Store
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Amount (\$) 2479.25	Payee address; City; State; Zip Code 317 So. H Street Harlingen Tx 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Equipment for Parade/Events
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-25-15	Payee name Tony Roma's # 10479
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Amount (\$) 45.05	Payee address; City; State; Zip Code 1805 N. Expressway B/ville Tx 78559
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense (Fundraiser)	Description (If travel outside of Texas, complete Schedule T) Campaign Comm. Mtg.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-17-15	Payee name Tip of TEXAS Outreach
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Amount (\$) 120. ⁰⁰	Payee address; City; State; Zip Code 455 E Levee St Brownsville Tx 78520
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) Event Sponsor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4 of 4		2 FILER NAME Dan Sanchez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-26-15		5 Payee name St Anthony's Club			
6 Amount (\$) 500.00		7 Payee address; City; State; Zip Code 209 S. 10th Street Harlingen Tx 78550			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Donation		(b) Description (If travel outside of Texas, complete Schedule T) Event Sponsor	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-2-15		Payee name Hooked for Life			
Amount (\$) 1000.00		Payee address; City; State; Zip Code 1150 Paredes Line Rd. Brownsville Tx 78581			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donation		Description (If travel outside of Texas, complete Schedule T) Event Gala Sponsorship	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-12-15		Payee name La Feria Pony League			
Amount (\$) 350.00		Payee address; City; State; Zip Code 115 E Commercial Ave LaFeria Tx			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donation		Description (If travel outside of Texas, complete Schedule T) Team Sponsorship	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-23-15		Payee name Sam's Club			
Amount (\$) 207.44		Payee address; City; State; Zip Code 621 N. Expressway 77 Harlingen Tx 78550			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Donation		Description (If travel outside of Texas, complete Schedule T) Food / Beverages	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED